(vii) Increasing the basket of choice by systematically and carefully introducing new and effective contraceptives in the programme. The outreach activities through the institution of ASHAs and Monthly Health and Nutrition Days under NRHM have also helped.

(c) and (d) There is no proposal to enact one-child norm in the country on the lines of China. India follows a developmental approach emphasizing on strengthening the services and meeting the unmet needs.

Spurious drugs in the market

1302. PROF. P.J. KURIEN:
SHRI T.T.V. DHINAKARAN:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether he is aware of the large scale presence of spurious drugs in the market;

(b) if so, the details thereof; and

(c) the details of steps taken by Government in this regard?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) and (b) No. The drugs samples tested all over the country during the last five years revealed that approximately 0.3% to 0.4% of around 40,000 samples tested per annum were found spurious. A recent survey carried out by Central Drugs Standards Control Organisation (CDSCO) on the basis of the statistical principles provided by Indian Statistical Institute (ISI), Hyderabad to assess more accurate extent of spurious drugs in the country has revealed that the extent of spurious drugs is further much below this level (about 0.045%).

(c) The following steps have been taken by Government to check the manufacture, sale or marketing of spurious and sub-standard drugs in the country :

1. The Drugs and Cosmetics Act, 1940 has been amended under Drugs and Cosmetics (Amendment) Act 2008 passed by the Parliament on 5th December 2008 and has come in to force since 10th Aug, 2009. Under this Act stringent penalties for manufacture of spurious and adulterated drugs have been provided. Certain offences have been made cognizable and non-bailable.

2. A Whistle Blower Policy has been started by Government of India to encourage vigilant public participation in the detection of movement of spurious drugs in the country. Under this policy the informers would be suitably rewarded for providing concrete information in respect of movement of spurious drugs to the regulatory authorities.

3. The Port and Zonal Offices of the CDSCO are actively involved in the detection of cases of the spurious drugs in the country.

4. A meeting with the Directorate of Revenue Intelligence, Commissioner Customs and all the Port officers was held on 23-06-2009 to sensitize the concerned departments

about the import of fake drugs in the country and for taking action for absolute confiscation and prosecutions in cases of import of spurious drugs.

5. In the 39th meeting of Drugs Consultative Committee (DCC), a statutory body under the Drugs and Cosmetics Act, 1940, held on 10th December, 2008, the States were requested to play pro-active role in assessing the extent of spurious drugs in the country.

6. In the 40th meeting of DCC held on 29.6.2009, guidelines for taking action on samples of drugs declared spurious or not of standard quality in the light of enhanced penalties under the Drugs and Cosmetics (Amendment) Act, 2008 were adopted for the purpose of uniform implementation of the Drugs and Cosmetic Act in the country. The guidelines have been placed on the web site of CDSCO.

7. Under a Capacity Building Project through World Bank, assistance was provided to upgrade testing facilities and to establish new drug number of samples. Under this project 23 States and 6 Central Drug laboratories have been strengthened.

Incentives for doctors in rural areas

1303. MS. SUSHILA TIRIYA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government has decided to provide incentives to the doctors working in the rural areas;

(b) if so, the details thereof;

(c) whether it is also a fact that there are no sufficient doctors in the rural areas; and

(d) if so, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) The Central Government has amended the post Graduate Medical Education Regulations provide —

(i) 50% reservation in Post Graduate Diploma Courses for Medical Officers in the Government service who have served for at least three years in remote and difficult areas; and

(ii) Incentive at the rate of 10% of the marks obtained for each year in service in remote or difficult areas upto the maximum of 30% of the marks obtained in the entrance test for admissions in Post Graduate Medical Courses.

Under National Rural Health Mission, incentives to doctors posted in the rural areas is provided by the respective State Governments.